

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/825705

FILING DATE

43-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		/				
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50						
TOTAL IND.	6					
TOTAL DEP.	23					
TOTAL CLAIMS	29					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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TOTAL DEP.												
TOTAL CLAIMS												